

Corporations Division

100 North Main Street Providence, RI 02903-1335 401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR ________2005

Filing Period: Septen			• Filing Fee: \$50.00				
(FORM MUST BE TYPED (E-Lilla				-
		iame of the limited	, , ,				
100628	<u>Constit</u>	ution State Ser	vices LLC	 			
3. State of Formation		4. Brief description	of the character of the hustness to	hich is actually conducted in Rho	xle Island		
DELAWARE		THIRD PART	ADMINISTRATION				
5. Principal office address		-		City	State		Zip
ONE TOWER SO	ZUARE			HARTFORD	l ct		06183-1190
6. MAILING ADDRES	S OF LI	MITED LIABIL	ITY COMPANY AND NAM	E OR TITLE OF CONTACT	Γ PERSON:		1
Contact Name				Contact Title			
TAXPAYER							
Street Address				City	State		Zip
ONE TOWER SO	LIARE			HARTFORD	СТ		06183-1190
	•	EACH MANAG	ER OF THE LIMITED LIA	•			1 00105-1170
	.233 01		CES BEFORE USING ATTA			nП	•
ANY	MODIF	ICATIONS TO	MANAGERS REQUIRES F	ILING OF AMENDMENT,	R.I.G.L. 7-16-12 (;	/ U a) (2) / 7·1	6-52
Manager Name				Manager Name			
THE PHOENIX	INSURA	ANCE COMPA	NY				
Street Address			<u> </u>	* Course Address			
ONE TOWER SO	TIADE			Street Address			
	`			<u> </u>			· · · · · · · · · · · · · · · · · · ·
HARTFORD		State CT	7ip 06183-1190	City	State		Zip
Manager Name		••••••••••••••••	*******	Manager Name	••••••••	**************	• /• • • • • • • • • • • • • • • • • •
Street Address				Street Address			
City	[,	State	Ζφ	City	State		Zip
	- !						
	IN RHO	DE ISLAND - 1	DO NOT ALTER - Change	s require filing of Form	642 · R.I.G.L. 7-1	6-11	
Agent Name				Address	Address		
COPPORATION CERV	ICE COME	DANIV					
CORPORATION SERVICE COMPANY			City	•	Zψ		
222 JEFFERSON BOULEVARD, SUITE 200			WARWICK		00000		
			Thurst		02888-		

This report must be signed in ink by an authorized person pursuant to R.I.G.L. 7-16-66.

	100628	_
File Date _	9/30/05	
Check No	00405034	
Ву:	a	
FC	OR SECRETARY OF STATE USE ONLY	

Under penalty of perjury, I declare and affirm that I have examined this report. including any accompanying schedules and statements, and that all statements, contained herein are true and correct.

GUY CRAFF, 2ND VICE PRESIDENT

Print or Type Name of Authorized Person



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Matthew A. Brown, Secretary of State

Corporations Division 100 North Main Street Providence, RI 02903-1335 401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR _____ 2004

Filing Period: September 1 - November 1 • Filing Fee: \$50.00 (PORM MUST BE TYPED OR PRINTED IN BIACK) 1. ID No 2. Exact name of the limited liability company 100628 **Constitution State Services LLC** 3. State of Formation 4. Brief description of the character of the inisiness which is actually conducted in Rhode Island THIRD PARTY ADMINISTRATION **DELAWARE** 5. Principal office address City State One Tower Square, C/O Corp. Tax 6PB Hartford CT 06183-1190 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name Contact Title Taxpayer Street Address City State Zip One Tower Square Hartford CT 06183-1190 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52 Manager Name Manager Name The Phoenix Insurance Company Street Address Street Address One Tower Square Zφ State City Zφ State Hartford 06183-1190 Manager Name Manager Name Street Address Street Address City *7,*(p State State 7.00 Cin 8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11 Address **CT CORPORATION SYSTEM** Address Ζψ

This report must be signed in ink by an authorized person pursuant to R.I.G.L. 7-16-66.

PROVIDENCE



File Date 101804		
Check No. 00 29 3751		
Ву:		
FOR SECRETARY OF STATE USE ONLY		

10 WEYBOSSET STREET

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements, contained herein are true and correct.

02903

Signature of Authorized Person Date

G. Graff Second VP

Print or Type Name of Authorized Person

Form 632 Rev. 7/03



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Matthew A. Brown, Secretary of State

Corporations Division 100 North Main Street Providence, RI 02903-1335 401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR _

2003

Filing Period: Septer	nber 1 - November 1	• Filing Fee: \$50.00			·	
(FORM MUST BE TYPED	OR PRINTED IN BLACK)					
1. II2 No. 100628						
3. State of Formation	4. Brief descripti	on of the character of the hustness t	rhich is actually conducted in R	bode Island		
DELAWARE	THIRD PART	ADMINISTRATION				
5. Principal office address			City	State	Z.ip	
One Tower Sq	uare, C/O Corp.	Tax, 2S2	Hartford	CT	06183-1190	
6. MAILING ADDRE	SS OF LIMITED LIAB	ILITY COMPANY AND NAM	IE OR TITLE OF CONTAC	CT PERSON:	'	
Contact Name			Contact Title			
Taxpayer						
Street Address			City	State	Zip	
One Tower Sq	uare		Hartford	CT	06183-1190	
7. NAME AND ADD	RESS OF EACH MANA	GER OF THE LIMITED LIA	BILITY COMPANY, IF AI	PPLICABLE	·	
_		ACES BEFORE USING ATT				
AN	Y MODIFICATIONS TO	O MANAGERS REQUIRES F	TLING OF AMENDMENT,	, R.I.G.L. 7-16-12 (a) (2) / 7-16-52	
Manager Name			Manager Name			
The Phoenix I	nsurance Compar	ı <u>y</u>				
Street Address			Street Address		<u> </u>	
One Tower Squ	are					
City	State	Ζ.Ψ)	City	State	Zip	
Hart£ddd	СТ	06183-1190				
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zíp	
8. RESIDENT AGEN	T IN RHODE ISLAND	- DO NOT ALTER - Change	: es require filing of Fort	I m 642 - R.I.G.L. 7-16-1		
Agent Name			Address		· -	
CT CORPORATION ST	YSTEM					
Address			City Zip			
10 WEYBOSSET STREET			PROVIDENCE 02003			

This report must be signed in ink by an authorized person pursuant to R.I.G.L. 7-16-66.

* 1 0 0 6 2 8	*
File Date 10/20/03 Check No. 99043704	
FOR SECRETARY OF STATE USE ONLY	

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements, contained herein are true and correct.

Signature of Authorized Person Date

Guy Graff, 2nd Vice President

Print or Type Name of Authorized Person



Edward S. Inman, III, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2002

	mber 1 - November 1	•	50.00		
1. ID No.	D OR PRINTED IN BLACE 2. Exact name of the limit		-		
FLLC 100628	CONSTITUTION		ES LLC		
3. State of Formation DELAWARE	4. Brief description	on of the character of the TY ADMINISTR	e business which is actually conducte	d in Rhode Island	
5. Principal office addre	233		City	State	Zip
ONE TOWER SO	QUARE, 2S2		HARTFORD	CT	06 183-1 190
6. MAILING ADDI	RESS OF LIMITED L	IABILITY COMPA	ANY AND NAME OR TITLE		ERSON:
Contact Name			Contact Title		
TAXPAYER			<u> </u>		
Street Address			City	State	Zip
ONE TOWER SQL		V. 677 67 77 7	'HARTFORD	!.ст	06.183=1.190
7. NAME AND ADI		NAGER OF THE ICES BEFORE USING	LIMITED LIABILITY CON	1PANY, IF APPLI <i>FOR ATTACHMENT</i>)	
j			JIRES FILING OF AMENDMENT.		
Manager Name		 ,	· Manager Name		
PHOENIX INSUR	ANCE COMPANY		•		
Street Address			*Street Address		
ONE TOWER SQU	JARE, 2S2		•		;
City	State	Zip	*City	State	Zip
HARTFORD	J.cr	106 1.83 - 1 1.9	90	!	
Manager Name			*Manager Name		
Street Address			*Street Address		
			•		
City	State	Zip	City -	State	Zip
			·		
8. RESIDENT AGEN	T IN RHODE ISLAND	-DO NOT ALTER- C	hanges require filing of f	orm 642 - R.J.G.I	. 7-16-11
Agent Name			Address		
CT CORPORATI	<u>ON SYSTEM</u>		IO_WEYBOSSET_S	STREET	
Address			City		Ζιρ
fg			PROVIDENCE		02903
This report must be	signed in ink by an	authorized person	pursuant to 7-16-66.		
File Date Check No. By: FOR SECRETARY OF	D.16.02 24443 DL		this report, including and that all statem Signature of Anthority GEORGE A.	ng any accompanyin ents contained herein	affirm that I have examined g schedules and statements, are true and correct.

Filing Fee: \$50.00

To be filed annually between September 1 and November 1



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State Corporations Division 100 North Main Street Providence, Rhode Island 02903-1335 Telephone (401) 222-3040

- Top 5

LIMITED LIABILITY COMPANY

ID	Number FLLC 100628	Annual Report for the year 2001	
1.	The name of the limited liability compa	any is:	
	Constitution State Services LLC		
2.	The address of the principal office of the	ne limited liability company is:	
	One Tower Square, 252	Hartford, LT 06183-1190	
3.	•	e laws of which it is formed is DELAWARE	
4.	4. The name and address of its resident agent is: CT CORPORATION SYSTEM		
	10 WEYBOSSET STREET PROVIDE	NCE RI 02903	
5.	may be directed are: One Tou	ited liability company and the name or title of a person to whom communications or Square 252 Hartford, CT 06183-190 raff, Scoond Vice fies. Corporate Tax	
6.	A brief statement of the character of state: Third Party	the business in which the limited liability company is actually engaged in this Administrator	
7.	If the limited liability company has man	nagers, the name and address of each manager of the limited liability company Address	
	The Phoenix Ins. Co.	One Tower Square, Hartford, CT 06183	
Da	1 0 0 6 2 8	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct. Constitution State Services LLC Exact Name of Limited Liability Company	
	FOR SECRETARY OF STATE USE ONLY Date: 10-0-0 eck No.: 47-36-7	Vice President	
By:	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Title Form No. 632 Revised 01/99	

Filing Fee: \$50.00

To be filed annually between September 1 and November 1



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State Corporations Division 100 North Main Street Providence, Rhode Island 02903-1335 Telephone (401) 222-3040

LIMITED LIABILITY COMPANY

ID	Number DLLC 81875	Annual Report for the year 2001
1.	The name of the limited liability compa	any is:
	Constitution Street Associates, LLC	· · · · · · · · · · · · · · · · · · ·
2.	The address of the principal office of t	he limited liability company is:
	39 Kichenoit Ava	Bristok, RT
3.	The state or other jurisdiction under the	e laws of which it is formed is RHODE ISLAND
The name and address of its resident agent is: EDWARD J. COX, II		
	39 KICKEMUIT AVENUE BRISTOL F	RI 02809
5.	The current mailing address of the lim	nited liability company and the name or title of a person to whom communications
	may be directed are: Edward	J. Cox II Managing Member
		hemost Ave, Briston, R.T
6.	A brief statement of the character o	f the business in which the limited liability company is actually engaged in this
7.		nagers, the name and address of each manager of the limited liability company Address
	Edward J.C. & B Manus L SA	39 Kichemit Ave Brus Joh. P.J. 22 Padricias Ann Lang Brus Joh, P.I.
Da	8/23/d 	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct. Cons 9.94.00 STreet Associa 7-5 LLC Exact Name of Limited Liability Company
	FOR SECRETARY OF STATE USE ONLY e Date: & 27-01 eck No.: 65-0	Managing Mamber Title
Ву	;	

DETACH BOTTOM BEFORE RETURNING

Revised 01/99



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State Corporations Division 100 North Main Street Providence, Rhode Island 02903-1335 Telephone (401) 222-3040

LIMITED LIABILITY COMPANY

ID Number FLLC 100628	8)
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By:

Annual Report for the year 2000

	120 10020		
1.	The name of the limited liability compan	ny is:	
	Constitution State Services LLC		
2.	The address of the principal office of the	e limited liability company is:	
	One Tower Square, 5PB	Hartford c7 06183-1190	
3.	The state or other jurisdiction under the laws of which it is formed is DELAWARE		
4.	. The name and address of its resident agent is: CT CORPORATION SYSTEM		
	10 WEYBOSSET STREET PROVIDE	NCE RI 02903	
5.	The current mailing address of the limit	ted liability company and the name or title of a person to whom communications	
		er Square SPB Hartford, CT 06183-1190	
		Taylor, Director	
6.		the business in which the limited liability company is actually engaged in this Administration	
7.		agers, the name and address of each manager of the limited liability company Address	
	The phoenix Ins. w.	One Tower Square, Hartford CT 06183	
Da	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.	
	1 0 0 6 2 8	Constitution State Services LLC Exact Name of Limited Liability Company	
File	FOR SECRETARY OF STATE USE ONLY Date:	By Cenga Cally	
Che	cck No.: 200376	Vice President Title Form No. 632	

Filing Fee: \$50.00

To be filed annually between September 1 and November 1



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State Corporations Division 100 North Main Street Providence, Rhode Island 02903-1335 Telephone (401) 222-3040

LIMITED LIABILITY COMPANY

ID	Number FL 100628	Annual Report for the year 1999
1.	The name of the limited liability company is:	
	Constitution State Services LLC	
2.	The address of the principal office of the limi	ted liability company is:
	ONE TOWER SQUARE, C	ID CORPORATE TAX SPB, HARTFORD, CT DE183
3.	The state or other jurisdiction under the laws	•
4.	The name and address of its resident agent	is: CT CORPORATION SYSTEM
	123 DYER STREET PROVIDENCE, RI 02	903
5.	The current mailing address of the limited lia	bility company and the name or title of a person to whom communications
		TAYLOR, DIRECTOR
		ORPORATE TAX SPB, HARTFURD CT UE183
6.		usiness in which the limited liability company is actually engaged in this
7.		the name and address of each manager of the limited liability company Address
	CONSTITUTION STATE SERVICE CO.	ONE TOWER SQUARE, HARTFORD, CT 06183
Date		Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct. COUSTITUTION STATE SERVICES, LLC Exact Name of Limited Liability Company
ile I	FOR SECRETARY OF STATE USE ONLY Date: 9-16-99 ck No.: 128988 AMF	By Singe a fy VICE PRESIDENT Title Form No. 632 Revised 01/99